



**COMMUNITY INVOLVEMENT PROGRAM
DAILY SIGN ON REGISTER FOR VOLUNTEER GROUPS**

DATE:	PROJECT:
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REGION/DISTRICT:

As a signatory to this registration form, I state that I have read the following information and agree with the statements. By signing this form I am automatically covered under the Department's Personal Accident Insurance Policy for volunteers, for the day and hours stated below.

I understand that:

- ***The policy covers people over the age of 16.***
- ***I must work within the scope of the tasks designated and available for this project***

I state that:

- ***I am not receiving worker's compensation, or sick leave***
- ***I will not participate in any activity that may aggravate a known physical injury or impairment***
- ***I have received, read and acknowledged DEC's Code of Conduct***

NAME	DOB	ADDRESS	START TIME	END TIME	SIGNATURE

PROJECT SUPERVISOR'S SIGNATURE
(I have ensured that all the signatories have read and accepted the above conditions)

PRINT NAME (PTO)

